

SCREENING ID #

A10. Are you of Hispanic (Spanish) or Latina origin?

YES1
NO.....2

A11. Do you consider yourself Black/African American, White, American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander or another race?

BLACK/AFRICAN AMERICAN 1
WHITE 2
AMERICAN INDIAN/ALASKAN NATIVE ... 3
ASIAN 4
NATIVE HAWAIIAN/OTHER PACIFIC
ISLANDER 5
OTHER 6

(SPECIFY): _____

A12. How did you find out about this study? (CIRCLE ONLY ONE):

Word of mouth 1
Newspaper, posting, flier 2
Study site contact: Health care provider, PI, WIHS staff, CAB 3
Contact from non-WIHS service 4
Don't know, don't remember 5
Other source 6

(SPECIFY)

B7. Has a health care provider told you that you had herpes simplex infection of the lungs or esophagus, (the tube between your mouth and your stomach)?

YES..... 1
 NO/NEVER HEARD OF IT..... 2

B8. Have you ever had diarrhea (3 or more soft or liquid stools per day) that lasted for more than one month?

YES..... 1
 NO..... 2 (B10)

B9. Has a health care provider ever told you that any diarrhea you may have had was caused by:

	<u>YES</u>	<u>NO/NEVER HEARD OF IT</u>
a. Cryptosporidia?	1	2
b. Microsporidia?	1	2
c. Isospora?	1	2
d. C-M-V?	1	2
e. M-A-I?	1	2

B10. Has a health care provider ever told you that you had PCP, pneumocystis carinii pneumonia?

YES..... 1
 NO/NEVER HEARD OF IT..... 2

B11. Has a health care provider ever told you that you had another type of pneumonia, lung infection? Do not answer yes if you were diagnosed only with bronchitis.

YES..... 1
 NO/NEVER HEARD OF IT..... 2 (B12)

a. Have you ever had more than one episode of pneumonia within a 1 year period?

YES..... 1
 NO..... 2

B12. (Has a health care provider ever told you that you had) Candida or thrush, a yeast infection of the esophagus (the tube between your mouth and stomach) not just in your mouth?

YES..... 1
 NO/NEVER HEARD OF IT..... 2

B13. (Has a health care provider ever told you that you had) Candida or thrush, a yeast infection of the lungs or airways (trachea or bronchi)?

YES..... 1
 NO/NEVER HEARD OF IT..... 2

B14. (Has a health care provider ever told you that you had) an M-A-I infection, which is sometimes called M-A-C or MAC?

YES..... 1
 NO/NEVER HEARD OF IT..... 2

B15. (Has a health care provider ever told you that you had) Toxo infection, or toxoplasmosis of the brain?

YES..... 1
 NO/NEVER HEARD OF IT..... 2

B16. (Has a health care provider ever told you that you had) C-M-V, cytomegalovirus:

	<u>YES</u>	<u>NO</u>
a. in either eye (retinitis)?	1	2
b. in your blood?	1	2
c. in your intestine?	1	2
d. in your liver?	1	2
e. elsewhere in your body?.....	1	2

(B17)

(SPECIFY)

B17. Has a health care provider ever told you that you had meningitis related to HIV?

YES..... 1
 NO/NEVER HEARD OF IT..... 2 **(B18)**

a. Were you told that this was Crypto, Cryptococcal meningitis?

YES..... 1
 NO/NEVER HEARD OF IT..... 2

B18. (Has a health care provider ever told you that you had) Cryptococcal infection:

	<u>YES</u>	<u>NO</u>
a. in your blood?	1	2
b. elsewhere in your body?.....	1	2

(B19)

(SPECIFY)

B19. (Has a health care provider ever told you that you had) Histoplasmosis infection or Histo?

YES..... 1
 NO/NEVER HEARD OF IT..... 2 (B20)

a. Where in your body? _____
 (SPECIFY)

B20. (Has a health care provider ever told you that you had) Cocci, coccidioidomycosis infection or Valley Fever?

YES..... 1
 NO/NEVER HEARD OF IT..... 2

B21. (Has a health care provider ever told you that you had) wasting syndrome, in other words, severe weight loss?

YES..... 1
 NO/NEVER HEARD OF IT..... 2 (B22)

Have you had (CONDITION) that lasted for at least one month, during the same time that you experienced severe weight loss?

	<u>YES</u>	<u>NO</u>
a. chronic diarrhea (at least 3 loose stools per day for greater than or equal to 30 days?)	1	2
b. chronic weakness and documented fever (for greater than or equal to 30 days?)	1	2
a. were you told that [this symptom/these symptoms] [was/were] due to HIV/AIDS?	1	2

B22. (Has a health care provider ever told you that you had) dementia or encephalopathy, or that you had a memory problem or confusion caused by HIV?

YES..... 1
 NO/NEVER HEARD OF IT..... 2

B23. (Has a health care provider ever told you that you had) an infection in the blood with a bacterium called salmonella?

YES..... 1
 NO/NEVER HEARD OF IT..... 2

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B24. (Has a health care provider ever told you that you had) PML, progressive multifocal leukoencephalopathy, a disease of the brain?

YES..... 1
NO/NEVER HEARD OF IT..... 2

B25. The next few questions are about tuberculosis or TB. To see if a person has TB a doctor or nurse will give a skin test - sometimes called a PPD test. If the skin test shows the person has been exposed or infected with TB, more tests are done to see if they are sick from the TB. A person might get an X-ray or be asked to cough into a machine. If they are sick then we say they have "tuberculosis disease". Sometimes this is called "active" or "infectious tuberculosis". Usually, if a person has tuberculosis disease, people who lived or worked with the person will be tested for tuberculosis too.

Have you ever...

YES NO

a. Had a positive skin test for TB, sometimes called a PPD? 1 2 **(b)**

i. When was your last positive test (month / year)?

____ / ____
M Y

b. Been told you had tuberculosis disease? 1 2 **(SECTION C)**

i. Where were you told that the TB was? Was it in your lungs or some other location?

LUNGS 1
OTHER LOCATION..... 2
UNKNOWN..... 3

SECTION D. BEHAVIORAL INFORMATION

Now I'm going to ask you some personal questions that may be related to information you have already discussed with others here, but I need to ask about them again. Your answers will be kept confidential and your name will not be reported to anyone. An identification number has been assigned to you, so your name does not appear on any of the study forms.

D1. Have you ever injected (skin popped or shot up with a needle) drugs or used crack, cocaine or heroin?

YES..... 1
 NO..... 2 (D2)

a. When was the last time you injected or used these drugs? I just need the year. (PROBE: If you cannot remember exactly, please estimate as best you can.

_____ YEAR _____

D2. In the past year, have you been told by a health care provider (doctor, nurse, midwife, physician's assistant or nurse practitioner) that you had an STD, or sexually transmitted disease, including gonorrhea (GC, the clap), syphilis, chlamydia, PID (pelvic inflammatory disease), herpes in or around you genital area, or warts in or around you genital area?

YES..... 1
 NO..... 2

D3. These next questions are about different types of sexual behavior, and refer only to sex you may have had with men in the past year. In this case, "sex" includes vaginal sex and anal sex. I understand that these questions are personal and sometimes difficult to respond to but please remember that no one is judging you on your answers.

a. How many men have you had sex with, even once, in the past year?

0..... 1 (END)
 1-5..... 2
 6-10..... 3
 11-100..... 4
 greater than 100 5

b. In the past year, have you had sex with a man who you knew was HIV-positive?

YES..... 1
 NO..... 2

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c. In the past year, how many men have you had unprotected sex with?

- 0 1
- 1- 2
- 3-5 3
- 6-10 4
- greater than 10 5

b. In the past year, have you ever had sex for drugs, money, or shelter?

- YES 1
- NO 2